

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY
PATENT APPLICATION
TRANSMITTAL

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

Attorney Docket No.	97RSS430/71392
First Inventor or Application Identifier	Anthony J. Dezonno
Title	SELECTIVE MESSAGING IN A MULTIPLE MESSAGING LINK ENVIRONMENT
Express Mail Label No.	EL133504352US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

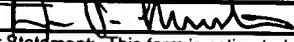
1. <input checked="" type="checkbox"/>	*Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/>	Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	Total Pages	15
	- Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		
3. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	Total Sheets	3
4. <input checked="" type="checkbox"/>	Oath or Declaration	Total Pages	2
a. <input checked="" type="checkbox"/>	Newly executed (original or copy)		
b. <input type="checkbox"/>	Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)		
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		
<p>NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</p>			
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37. C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-120) <input type="checkbox"/> Statement filed in Prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: _____</p>			

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

Continuation Divisional Continuation-In-Part (CIP) Of prior application No.: /

Prior application information: Examiner _____ Group/Art Unit: _____
FOR CONTINUATION or DIVISIONAL APPS ONLY: The entire disclosure of the prior application, from which an oath or declarations supplied
Under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by
Reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or Bar Code Label	(Insert Customer No. or attach bar code label here)			or	<input checked="" type="checkbox"/>	Correspondence address below
Name	Jon P. Christensen, Esq. WELSH & KATZ, LTD.						
Address	120 S. Riverside Plaza 22 nd Floor						
City	Chicago	State	Illinois	Zip Code	60606		
Country	US	Telephone	(312) 655-1500	Fax	(312) 655-1501		
Name Print/Type)	Jon P. Christensen			Registration No. (Attorney/Agent)	34,137		
Signature				Date	2/9/99		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$850.00)

Complete if Known

Application Number	Not yet assigned
Filing Date	February 9, 1999
First Named Inventor	Anthony J. Dezonno
Examiner Name	Not yet assigned
Group / Art Unit	Not yet assigned
Attorney Docket No.	97RSS430/71392

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 03-2470
 Deposit Account Name: ROCKWELL INTERNATIONAL CORPORATION

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	760
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 760.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
25	-20** = 5	x 18	90.00
Independent Claims 3	-3** = 0	x 78	0
Multiple Dependent	260	= 0	

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue Independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 90.00)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

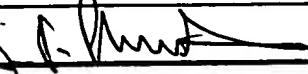
Other fee (specify) _____

SUBTOTAL (3) (\$ 0 -)

Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name: Jon P. Christensen, Esq.

Signature: 

Complete (if applicable)

Reg. Number: 34,137

Deposit Account User ID:

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail Label No. EL1335013524US
 Date: 2-9-99
 I hereby certify that this is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this date.